

ROWAN COUNTY NORTH CAROLINA **BUILDING PERMIT APPLICATION**

| TAX ASSESSOR (Rm. 201) MUST SIGN Before Permit is Issued | | |
|---|-------|--|
| Permit No | | |
| Map/Parcel # | | |
| Issue | Enter | |

| CHECK ONE: COM | IMERCIAL RESIDENTIAL | iviap/r arcer # | |
|---|--|--|--|
| Application Date: | | Issue Enter | |
| Name of Owner and/or Applicant: | | | |
| Owner's Address: No. Street | | City State Zip | |
| Job Site Address: | | | |
| No. Street Subdivision Name: | | City State Zip Lot #: | |
| Directions to Job Site: (from 402 N Main St, Salisbury) | | | |
| BUILDING PERMIT MODULAR? Yes | | | |
| New Construction Renov | ation | Miscellaneous Fees | |
| Number of Bedrooms | les: repair, alteration, relocation of building) | No. of Fireplaces | |
| | ption | Sign (up to 300 sq ft) Sign (over 300 sq ft) | |
| Second Floor Sq Ft | | Piers/Decks Sq Ft | |
| Basement Sq Ft Garage Sq Ft | | Change of Occupancy | |
| Carport Sq Ft Porch/ Deck Sq Ft | | Pool Sq Ft Pool Est. Value | |
| | Effected Area: | | |
| Work Description: (Required) | | <u> </u> | |
| Total Attached Sq Ft to be built: To | otal Project Cost: \$ | Building Permit Fee \$ | |
| For New Service: Amperage Voltage Phase: Single Phase 3 | | | |
| Builder's Service Permit No | | Electrical Permit Fee \$ | |
| | imber of Each Fixture/Connection: | | |
| CommodesSinksFloor DrainsWater/Sewer Connections | | | |
| LavatoriesWashing MaBathtubsDishwashers | | | |
| Showers Disposals | Water/Sewer Se | rvice Other: | |
| Work Description: (Required) | | | |
| | Plumbing Permit No | Plumbing Permit Fee \$ | |
| A STORY AND CALL DEPOSITE | | Gas Company | |
| No. of Units Heating Unit, Air Conditioning, Split Unit Other: | | | |
| No. of Units Heating Unit, Air Conditioning, Hea | | | |
| No. of Units Heating Unit, Air Conditioning, Gas Pac Space Heater or Gas Furnace: | | | |
| Work Description: (Required) | | | |
| Mechanical Permit No Mechanical Permit Fee \$ | | | |
| | <u></u> | • | |



ROWAN COUNTY NORTH CAROLINA

BUILDING PERMIT APPLICATION SIGNATURE PAGE

| Lhereby agree to comply with the | | State and Local laws and ordinances pertinent to the | | |
|--|--|---|--|--|
| | | I certify that all information in this application is | | |
| correct. Any deviation or misre | presentation shall result in the revocation | of this permit pursuant to North Carolina General | | |
| Statutes 143-137 153-A-362, 16 | <u>0A-422.</u> | | | |
| Print Name: | Signature: | If Homeowner Acting as Own Contractor – Please Sign Additional Form | | |
| | | if Homeowner Acting as Own Contractor – Flease Sign Additional Form ad General Contractor's licenses is not held – Please Sign Additional Form | | |
| T C T A 1 1 1 C N | | 1 21 N d C 1 C 1 07 1 | | |
| • | | ordance with North Carolina General States 87-1, contractor of record of the work described on this | | |
| | | ocal laws and ordinances regulating the work. | | |
| | _ | | | |
| General Contractor Info | rmation: | | | |
| Print Company Name: | Company Addres | Company Address: | | |
| Email: | Phone No | License No.: | | |
| | | | | |
| Sub Contractor and/or S | 6 | | | |
| Electrical Contractor's Signature | | Print Name. | | |
| Print Company Name: | Company Addres | s: | | |
| Email: | Phone No | License No.: | | |
| Plumbing Contractor's Signature | | Print Name. | | |
| Print Company Name: | Company Addres | s: | | |
| Email: | Phone No | License No.: | | |
| Mechanical Contractor's Signature | | Print Name. | | |
| Print Company Name: | Company Addres | s: | | |
| Email· | Phone No | License No.: | | |
| ••••• | | | | |
| Notice for Requesting Permit By Fax or Faxing in Signatures: | | | | |
| For ALL faxes please list | a contact phone number: () | and contact name: | | |
| So that we can fax back y | your Permit Card and Receipt, pleas | se list a fax number: () | | |
| | etions Department have questions, the phone numust respond within 24 hours or the permit wi | umber above will be used to contact you. Il not be issued and/or signature request will be discarded. | | |
| Are you ready for inspec | etion? | Requested Inspection: | | |
| If Faxing in Signatures O |)nlv | | | |
| | LY and List the Permit Numbers here: | | | |
| Please send bo ☐ Contractor ☐ Complete ☐ All work to | r Permit Issuance th pages of the application and remember P 's Information and License Number are not led directions from Main St, Salisbury are not give to be done is not fully explained (Especially El et amps, volts, phase - change of service info - t | gible en (PLEASE, no Map Quest) lectrical and Mechanical Work) | | |